## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10-803-384

| (Column 1) (Column 2)                                       |                                                                                       |                                           |                |                                    |              |                  |         | SMALL ENTITY TYPE  |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|----------------|------------------------------------|--------------|------------------|---------|--------------------|------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS                                                |                                                                                       |                                           |                |                                    | (00/ш/// 2)  |                  | ŀ       |                    |                        | OR<br>7 |                            |                        |  |
|                                                             |                                                                                       |                                           | 20             |                                    |              |                  |         | RATE               | FEE                    | 4       | RATE                       | FEE                    |  |
| FOR                                                         |                                                                                       |                                           | NUMBER FILED   |                                    | NUMBER EXTRA |                  | •       | BASIC FE           | 385.00                 | OR      | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                     |                                                                                       |                                           | 20 minus 20=   |                                    | 0            |                  | ;       | X\$ 9=             |                        | OR      | X\$18=                     |                        |  |
| INE                                                         | DEPENDENT C                                                                           | LAIMS                                     | 3 minus 3 =    |                                    | • 0          |                  |         | X43=               |                        | OR      | X86=                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                            |                                                                                       |                                           |                |                                    |              |                  |         | +145=              |                        | OR      | +290=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "( |                                                                                       |                                           |                |                                    |              | olumn 2          |         | TOTAL              |                        | OR      | TOTAL                      | 770                    |  |
| CLAIMS AS AMENDED - PART II                                 |                                                                                       |                                           |                |                                    |              |                  |         |                    | <del></del>            | ] •     | OTHER                      |                        |  |
|                                                             |                                                                                       | (Column 1)                                | (Column 2      |                                    |              | (Column 3)       |         | SMALL              | ENTITY                 | OR      | SMALL                      |                        |  |
| AMÉNDMENT A                                                 |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER          | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                             | Total                                                                                 | *                                         | Minus          | **                                 |              | = ·              |         | X\$ 9=             |                        | OR      | X\$18=                     |                        |  |
|                                                             | Independent                                                                           | *                                         | Minus          | ***                                |              | =                |         | X43=               |                        | OR      | X86=                       | -                      |  |
| L                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |                |                                    |              |                  |         | +145=              |                        | OR      | +290=                      | ·                      |  |
|                                                             |                                                                                       |                                           |                |                                    |              |                  |         | TOTAL              |                        | OR      | TOTAL<br>ADDIT. FEE        | Ţ                      |  |
|                                                             |                                                                                       | •                                         | ADDIT. FEE     |                                    |              | ADDII. FEE       |         |                    |                        |         |                            |                        |  |
| AMENDMENT B                                                 |                                                                                       | (Column 1) CLAIMS REMAINING               |                | (Colun<br>HIGHI<br>NUME            | EST          | (Column 3)       | lr      |                    | ADDI-                  | 1       |                            | ADDI-                  |  |
|                                                             |                                                                                       | AFTER AMENDMENT                           |                | PREVIO<br>PAID F                   | USLY         | PRESENT<br>EXTRA |         | RATE               | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |  |
|                                                             | Total                                                                                 | *                                         | Minus          | **                                 |              | -                |         | X\$ 9=             |                        | OR      | X\$18=                     |                        |  |
|                                                             | Independent                                                                           | *                                         | Minus          | ***                                |              | =                | İ       | X43=               |                        |         | X86=                       |                        |  |
| ۷                                                           | FIRST PRESE                                                                           | NTATION OF ML                             | ILTIPLE DEP    | ENDENT                             | CLAIM        | N                |         |                    |                        | OR      | 7,002                      |                        |  |
|                                                             |                                                                                       |                                           |                |                                    |              |                  |         | +145=              |                        | OR      | +290=                      | •                      |  |
|                                                             |                                                                                       |                                           |                |                                    |              |                  |         |                    | •                      | OR      | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)                            |                                                                                       |                                           |                |                                    |              |                  |         |                    | ٠.                     |         | •                          | •                      |  |
| AMENDMENT C                                                 |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·              | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                             | Total                                                                                 | *                                         | Minus          | <b>##</b>                          |              | =                |         | X\$ 9=             |                        | OR      | X\$18=                     |                        |  |
|                                                             | Independent                                                                           | *                                         | Minus          | ***                                |              | =                | ŀ       | X43=               |                        |         | X86=                       |                        |  |
| ٩                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |                |                                    |              |                  | $\perp$ | A43=               | ···                    | OR      | <b>^00=</b>                |                        |  |
| • 8                                                         | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                |                                    |              |                  |         |                    |                        | OR      | +290=                      |                        |  |
| **                                                          | the "Highest Nur                                                                      | mber Previously Pa<br>mber Previously Pa  | id For IN THIS | SPACE is                           | less than    | 20. enter "20."  | A       | TOTAL<br>DDIT. FEE |                        | OR ,    | TOTAL<br>DDIT. FEE         |                        |  |
| 1                                                           | The "Highest Num                                                                      | ber Previously Paid                       | For (Total or  | Independer                         | nt) is the i | highest number   | four    | nd in the app      | ropriate box           | in colu | ımn 1.                     |                        |  |